

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

BOARD OF FLECTION

nmonwealth Sassachusetts	COMMISSIONERS
e with: y or Town Clerk or Election Commission Please print or type all information, except signature	
Fill in dates: Reporting Period Beginning OC+. ZI ZOII Ending	nth Date Year ZOII
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election	on Øyear-end report ☐dissolution
At Ceceripe !!	Elect Al Cachinelli
Full Name of Candidate (if applicable) Aldernan at LARGE 1-1 Joseph Long	nmittee Name
Office Sought and District Name of C	ommittee Treasurer
224 Chapel St. 224 Chape	
Residential Address 617-969-6	ee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Characters	\$ 161.20
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowled campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind and represents the campaign finance activity of all persons acting under the authority or on behalf of this M.G.L. c. 55. Signed under the penalties of perjury:	edge and belief, a true and complete statement of all contributions and liabilities for this reporting period is committee in accordance with the requirements of Date
Treasurer's signature (in ink)	COLCAN DEL ONO
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST	SIGN BELUW)
Affidavit of Candidate: (check 1 box only)	edge and helief a true and complete statement of

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. ☐ Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury: M.G.L. c. 55 Candidate signature (in ink)

Cecchine 111

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
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4				在一部产品,在现代的对象。
			- 1	
ine 9: T	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
ine 11: T	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	unt
				-	
	ngan. It that is a specific to the				
				*	
				•	
		19			
4					
		* * *			
				4	
			2: Expenditures over \$50	8	C
. *-		Line 1	3: Expenditures \$50 and under*	8	00
	Enter on page 1, line 4		14: TOTAL EXPENDITURES		1

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Name and	
			*	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Purpose	Amount
E	nter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form

	Office of Campaign and Political Finance	
ommonwealth f Massachusetts		BOARD OF ELECTION
File with: City or Town Clerk or Election Commission Please pr	rint or type all information, except signatu	Ires. 2012 JAN 20 P 3: 46
Fill in dates: Reporting Period Beginning OCT		DEC NEWTON. MASSOIL
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding preliminary ☐ 10 th day preceding preceding preceding preceding preliminary ☐ 10 th day preceding pr	preceding election ☐30 day after election	ion Xyear-end report dissolution
AUAN CICCONE JR Full Name of Candidate (if applicable ADERMAN AT LARGE WO Office Sought and District 22 WEST ST NEW) Residential Address Tel. N	DIANA FORG	ELECT Allan Cicare Tommittee Name SION E Committee Treasurer T NEWTON tee Mailing Address Tel. No. (optional)
Line 2: Total receipts Line 3: Subtotal (line 1) Line 4: Total expendit Line 5: Ending balance Line 6: Total in-kind co	tures this period (page 3, line 14)	\$1294,48
Treasurer's signature (in ink)	cans, receipts, expenditures, disbursements, in-kind sons acting under the authority or on behalf of this under the penalties of perjury:	d contributions and liabilities for this reporting period is committee in accordance with the requirements of Date
FOR CANDIDAT	TE FILINGS ONLY: (CANDIDATE MUST	SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity indeper I certify that I have examined this report including atta campaign finance activity, of all persons acting under have not received any contributions, incurred any liability Candidate without Committee OR Candidate with I certify that I have examined this report including atta campaign finance activity, including contributions, load and represents the campaign finance activity of all persons M.G.L. c. 55. Signo Candidate signature (in ink)	ached schedules and it is, to the best of my knowle the authority or on behalf of this committee in actities nor made any expenditures on my behalf during hindependent activity filing separate report ached schedules and it is, to the best of my knowle ins, receipts, expenditures, disbursements, in-kind of	ccordance with the requirements of M.G.L. c. 55. I g this reporting period. edge and belief, a true and complete statement of all contributions and liabilities for this reporting period

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received		ne and Residential Address habetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
		real sales and the sales			
		<u> </u>			
	*				
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		The second second	16	115-11	the same of the same of the
		*			
4				-	
Line 9:	Total receipts	s in excess of \$50 (or listed above)			
Line 10:	Total receipts	s \$50 and under* (not listed above)			
	-	CEIPTS IN THE PERIOD			Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amor	unt
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	See and the second second				
147					
		.			
,					
		4			
			Expenditures over \$50		
			Expenditures \$50 and under*		
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES		

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
*				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		-		
		-	*	
				. 1
Ei	nter on page 1, line 7	Line 18: OUTSTANDING LIAI	BILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

ommonwealth Massachusetts
ile with: City or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning 10 21 2011 Ending 12 31 2011
Type of report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution
PAUL EDWARD COLETTI Full Name of Candidate (if applicable) C.T.E. PAUL E. COLETTI Committee Name CLEMENTE VIRGILIO Name of Committee Treasurer 34 Columbia Ave Newton Residential Address (617) 293-6455 Tel. No. (optional) Committee Name CLEMENTE VIRGILIO Name of Committee Treasurer 36 Columbia Ave Committee Mailing Address Newton, Mass. 02464 (617) 293-6455 Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used /// AGE Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury: Candidate signature (in ink) Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received		nd Residential Address petical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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			-		
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	600 600	10/		*	
	1 1				
	0		,		
	T 3				
				2	
Line 9: T	otal receipts in e	excess of \$50 (or listed above)			
Line 10: T	otal receipts \$50	and under* (not listed above)			
Line 11: T	OTAL RECEI	PTS IN THE PERIOD	0		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid To Whom Paid Address Purpo (alphabetical listing)		Purpose of Expenditure	Amount	
	*			
		1 15		
		NONE		
	*			
	*	-		
	· .	*		
		Line 12	: Expenditures over \$50	
			: Expenditures \$50 and under*	
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	0

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		NONE		
			,	
-				
		Line 15:	In-kind over \$50	0
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
6/19/08	PAUL E COLETTI CANDIDATE PAUL E COLETTI CANDIDATE PAUL E COLETTI	34 COLUMBIA AVE NEWTON, MA. 34 COLUMBIA AVE NEWTON, MA. 34 COLUMBIA AVE	LOAN TO COMMITTEE LOAN TO COMMITTEE	500.00
10/15/09	CANDIDATE	NEWTON, MA	Committee	4,155.00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	6,705.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form BOARD OF ELECTION COMMISSIONERS

Office of Campaign and Political Finance

7012 JAN 20 P 12: 16

	Thir Sur 20
	NEWTON, MASS
File with:	1/19/201
City or Town Clerk or Election Commission	
그 성공 중인 그는 사람들은 사람들이 하는 것이다.	
Reporting Period - Beginning: 10/22/2011 Endi	ng: 12/31/2011
Type of report: 30 day after election	
Deborah Crossley The C	committee to Elect Deb Crossley
Full Name of Candidate	Commíttee Name
Alderman/City of Newton	Jonathan Kantar
Office Sought/ District	Name of Committee Treasurer
26 Circuit Avenue	672 Chestnut St.
Newton, MA 02461	Newton, MA 02468
Residential Address	Committee Address
SUMMARY BALANCE INFO Ending Balance from previous report: Total receipts this period: Subtotal: Total expenditures this period: Ending Balance:	\$329.25 \$0.00 \$329.25 \$0.00 \$329.25
Total in-kind contributions this period:	: \$0.00
Total outstanding liabilities:	\$1,713.36
Name of bank(s) used: The Village Bar	nk
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached schedules belief, a true and complete statement of all campaign finance activity in expenditures, disbursements, in-kind contributions and liabilities for th finance activity of all persons acting under the authority or on behalf o requirements of M.G.L. c. 55.	icluding all contributions, loans, receipts, his reporting period and represents the campaign
signed under the penalties of perjury:	
flat to	1/20/12
Treasurer's signature (in ink)	Date
Affidavit of Candidate (check 1 box only) :	
Candidate with Committee and no activity independent of the freetify that I have examined this report, and attached schedules and it true and complete statement of all campaign finance activity, of all persthis committee in accordance with the requirements of M.G.L. c. 55. I have any liabilities nor made any expenditures on my behalf during this report	t is, to the best of my knowledge and belief, a sons acting under the authority or on behalf of we not received any contributions, incurred
Candidate without Committee OR candidate with independent ac	

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Name and Residential Address	Amount	Occupation and Employe
Total Itemized Receipts	\$0.00	
Total Unitemized Receipts	\$0.00	
Total Receipts	\$0.00	
	w v	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount	Purpose
Total Itemized Expenditures	\$0.00	
Total Unitemized Expenditures Total Expenditures	\$0.00 \$0.00	

Schedule C: "In-Kind" Contributions

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address	Value Description
	Occupation/Employer
Total Itemized In-kind Contributions	\$0.00
Total Unitemized In-kind Contributions	\$0.00
Total In-kind Contributions	\$0.00

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
5414			•
8/28/2009	Crossley (Loan), Deborah 26 Circuit Avenue	\$205.32	Mailing and Sign Matls., Postage, Newto
	Newton, MA 02461		
		410.00	
9/29/2009	Crossley (loan), Deborah 26 Circuit Ave.	\$10.00	Voter List Fee
	Newton, MA 02461		
10/3/2009	Crossley (loan), Deborah 26 Circuit Ave.	\$207.37	Printing Campaign Material @ Staples
	Newton, MA 02461		
10/12/2009	Crossley (loan), Deborah 26 Circuit Avenue	\$179.45	Printing Campaign Material
	Newton, MA 02461		•
	•		(x,y) = (x,y) + (x,y) + (y,y) + (y,y
10/23/2009	Crossley (loan), Deborah 26 Circuit Ave.	\$123.13	Printing Campaign Material @ Staples
	Newton, MA 02461		•
10/20/2000	Crossley (loan), Deborah	\$130.74	Printing Campaign
10/30/2009	26 Circuit Ave.	**************************************	Material @ Staples
	Newton, MA 02461		
		6100.00	Loan from candidate
12/18/2009	Crossley (Loan), Deborah 26 Circuit Avenue	\$100.00	Loan from Candidate
	Newton, MA 02461		
12/22/2009	Crossley (Loan), Deborah 26 Circuit Avenue	\$150.00	Loan from candidate
	Newton, MA 02461		
		v.	
3/1/2010	Crossley (Loan), Deborah 26 Circuit Avenue	\$200.00) Loan from candidate
•	Newton, MA 02461		
	Crossley (Loan), Deborah	\$250.00) Loan from candidate
12/31/2010	26 Circuit Avenue	, = =	
	Newton, MA 02461		
	en e	\$20.00) Bluehost Domain Name
6/17/2011	Jonathan Kantar 672 Chestnut St.	520.00	Renewal
	Newton, MA 02468		

Date	To Whom Due	Amount Purpose
7/7/2011	Jonathan Kantar 672 Chestnut St. Newton, MA 02468	\$117.35 Bluehost Website Hosting Renewal
9/30/2011	Jonathan Kantar 672 Chestnut St. Newton, MA 02468	\$20.00 Void Prev. Issued Reimb. Check #119
maral onta	Newton, MA 02400	\$1,713.36